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13

Number of Pages (including this page)

Date: August 3, 2006

To: Examiner Tran, Pablo N

Location: United States Patent and Trademark Office

Fax No.: 1 (571) 273-8300 Centralized Facsimile

From: Larry G. Brown

Docket No. CE11928JAN – Buris

Confirmation No.: 3729

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MESSAGE:

In connection with the above-identified Patent Application, please find attached herewith the following documents:

- Transmittal Form;
- Two-Month Extension of Time (in duplicate); and
- A nine (9) page Amendment;

PLEASE DELIVER THESE PAPERS TO:

EXAMINER:
GROUP ART UNIT:
SERIAL NO.:
FILED:
INVENTOR:

Tran, Pablo N
2685
10/659,677
September 10, 2003
NICHOLAS E. BURIS

CERTIFICATE OF FAX TRANSMITTAL

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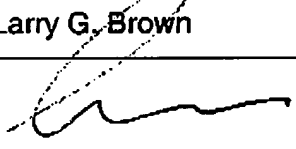
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TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number	10/659,677	
	Filing Date	September , 2003	
	First Named Inventor	Buris, Nicholas E.	
	Group Art Unit	2685	
	Examiner Name	Tran, Pablo N	
Total Number of Pages in this Submission	12	Attorney Docket Number	CE11928JAN

ENCLOSURES			(check all that apply)
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s) <input checked="" type="checkbox"/> Extension of Time Request X Two Months <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Supplemental Information Disclosure Statement without prior art refs. <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-Related papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CDs _____	<input type="checkbox"/> After Allowance Communication to a Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board Of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter with appropriate copies <input type="checkbox"/> Other Enclosure(s) (please identify below)	
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
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Date	August 3, 2006		

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